



Government of Western Australia
WA Country Health Service

WACHS Human Research Ethics Committee

Summaries of Approved Projects

July to December 2017

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Project Summaries for WACHS HREC Approved Projects – July to December 2017

The material contained in this document is made available to assist researchers, institutions and the general public in searching for projects that have ethics approval from the WA Country Health Service Human Research Ethics Committee (WACHS HREC). It contains lay summaries for projects approved between July and December 2017.

Please refer to the end of this document for explanations of specific terminology used throughout this report.

Project Title	2017/01 – Minimally invasive approach to manage early childhood caries in Aboriginal pre-schoolers		
Co-ordinating Principal Investigator	Dr Peter Arrow		
Institution	WA Dental Health Service		
WACHS Region(s)	Kimberley		
Target Population	Children and young people; Aboriginal and TSI people		
Start Date	9 August 2017	Finish Date	9 August 2020
<p>Tooth decay in Aboriginal children in Western Australia (WA) and elsewhere is more than twice that of non-Aboriginal children. Early childhood tooth decay impacts significantly on the quality of life of children and their carers. Management of tooth decay is demanding and commonly undertaken under general anaesthesia (GA). A pilot randomised control trial conducted in Perth used a minimally invasive dentistry approach based on Atrumatic Restorative Treatment (ART) which is an alternative treatment for tooth decay using hand instruments, avoiding use of electricity and anaesthesia. Pain and anxiety is reduced in children who receive ART compared with other treatments. The pilot demonstrated a significant reduction in the rate of referral to a dental specialist for dental care among children with early childhood tooth decay, thus potentially reducing the need for treatment under GA. This tested approach was clinically successful, improved childhood oral health-related quality of life; was cost saving and was without adverse effects on child dental anxiety. The model of ART based primary care service shows promise in urban non-Aboriginal setting however to achieve similar outcomes for Aboriginal children in remote and rural settings different approaches will need to be developed and their effectiveness demonstrated.</p> <p>The aim of the proposed study is to develop, implement and evaluate a remote primary care model to deliver effective primary dental services, encompassing treatment and preventive services using mobile dental equipment, to Aboriginal pre-school children in Aboriginal communities (based on minimally invasive approaches including ART). This will be compared with standard care for cost and benefits in terms of improved dental health and reduced childhood dental anxiety.</p>			

Project Title	RGS206 – Improving mental health screening for Aboriginal and Torres Strait Islander pregnant women and mothers of young children		
Co-ordinating Principal Investigator	Associate Professor Julia Marley		
Institution	The University of Western Australia Rural Clinical School		
WACHS Region(s)	Kimberley		
Target Population	Aboriginal people; Women who are pregnant and the human fetus; People with a cognitive impairment, intellectual disability or mental illness; People in dependent or unequal relationships		
Start Date	10 August 2017	Finish Date	10 August 2020
<p>Mental health during and after pregnancy is important for the well-being of mother and infant. Perinatal depression and anxiety are common problems, particularly for Aboriginal and Torres Strait Islander women, and can have significant short and long-term impact on both mother and child. Aboriginal and Torres Strait</p>			

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Islander women in remote areas are at particular risk and the available screening instrument, the Edinburgh Postnatal Depression Scale is not seen as appropriate for this population. The locally developed validated, culturally appropriate and user friendly Kimberley Mum's Mood Scale (KMMS) was developed to assess risk of anxiety and depression, improve screening rate and help provide better care for the social and emotional health of pregnant Aboriginal women and Aboriginal mothers of infants.

The KMMS has been piloted on 91 women in the Kimberley. It was found to be an effective screening instrument for anxiety and depression in Aboriginal perinatal women, improved relationships between health care providers and their patients, and was a useful tool for developing brief interventions and management plans to improve wellbeing in this group. The KMMS is now accepted for use in the Kimberley and include in regional guidelines, however it has not been fully evaluated in real world settings and has not been trialled in other remote settings. This proposal aims to fully validate the KMMS as a screening tool, describe its effectiveness in supporting primary care brief interventions, and to develop and validate local versions of this tool in other remote areas.

Project Title	RGS229 – From isolation to inclusion: Embracing local perspectives in examining the treatment model of Tuberculosis and Leprosy in Kimberley Aboriginal people		
Co-ordinating Principal Investigator	Dr David Paul		
Institution	The University of Notre Dame Australia		
WACHS Region(s)	Kimberley		
Target Population	Aboriginal people		
Start Date	29 August 2017	Finish Date	29 August 2020
<p>The history of Tuberculosis (TB) and Leprosy in Aboriginal peoples in the Kimberley is linked to colonisation as there was no evidence of these diseases in WA prior to the European contact. Treatment failure, reinfection and drug resistance for both diseases carry significant risks for individuals and the community which are evident through current new diagnosis. This investigation seeks to review the current treatment model of care as well a review conducted on historical and contemporary influence of state, national and international guidelines and policies. Exploring the perspective and lived experience of Kimberley peoples involved in the treatment of TB and Leprosy will also be undertaken in the investigation. All aspects of treatment will be considered such as; medication management, the use of directly observed therapy, follow-up care post treatment and patient provider relationships to name a few. This research acknowledges the complexity associated with the daily integration of treatment into people's lives, and considers the challenges of adapting models of care form complex treatment transculturally and in remote location. Findings of this research will help formulate recommendations that have application within a strategic framework for the future direction of treatment. It is hoped these recommendations can provide value to other infectious and complex chronic diseases treatments.</p>			

Project Title	RGS270 – An audit of dermatological diagnosis referred to and managed by the visiting dermatologist to the Kimberley from 2012 to 2017		
Co-ordinating Principal Investigator	Dr Clare Tait		
Institution	WA Health (EMHS - Royal Perth Hospital)		
WACHS Region(s)	Kimberley		
Target Population	No primary participant category		
Start Date	1 October 2017	Finish Date	11 December 2018

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As current, information on the range and frequency of dermatological disease requiring specialist diagnosis and management in the Kimberley region of Western is not documented. The project plans to map the diagnoses against the Australasian College of Dermatologists Curriculum to assess the range of diseases seen to determine the scope of disease experienced by the specialist Registrars, junior Resident Medical Officer and medical students who accompany the specialist. This project will also determine future priorities for skin health at both the primary health care and specialist level as well as helping to prioritise future education and research resources.

Project Title	RGS462 – Royalties for regions rural palliative care program evaluation		
Co-ordinating Principal Investigator	Dr Ruth McConigley		
Institution	Right Solutions Australia		
WACHS Region(s)	All WACHS Regions		
Target Population	No primary participant category		
Start Date	18 September 2017	Finish Date	19 September 2020
<p>Palliative care has been provided in an ad hoc manner in rural Western Australia for many years. In 2008 service provision was formalised with the release of the “Rural Palliative Care Model”. This model details the level of service that each of the seven regional palliative care services is expected to achieve. This project will evaluate progress that each of the services has made towards meeting the requirements of the model, and will consider if the project need revising to reflect the current health milieu. This project will work each of the rural palliative care services to evaluate their service, with a focus on: regional governance, local care coordination, relationships with city service providers, staffing, sustainability and outcomes measurement.</p>			

Project Title	RGS321 – The youth stream: evaluating the transition to a new model of care at a regional health service		
Co-ordinating Principal Investigator	Dr Mathew Coleman		
Institution	WA Health (WACHS)		
WACHS Region(s)	Great Southern		
Target Population	Children and/or young people		
Start Date	19 September 2017	Finish Date	1 March 2018
<p>Mental illness has been described as the chronic disease of young people, with 75% of illness occurring for the first time before the age of 25. Earlier intervention in the course of an emerging serious mental illness has been suggested as a targeted strategy to reduce the impact on young people’s social, psychological and emotional development as well as reducing the social and economic impact at a societal level. Given the significant un-met need and impact that mental illness has on young people’s health, wellbeing and quality of life, there has been a push in Australia and internationally to focus services on the needs of adolescents and young adults.</p> <p>The objective of this study is to determine if the change to a Youth Stream care model at the Mental Health Service – Albany has changed the level of engagement and clinical outcomes of the youth population and to determine if these changes have met these best practice features. The Albany Youth Stream care model evolved from the combination of Child and Adolescent Mental Health Services (CAMHS) and adult team clinicians meeting under the leadership of a dedicated Youth Stream Psychiatrist, with important youth stakeholders invited to weekly care meetings.</p>			

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Project Title	RGS380 – Otitis Externa Audit		
Co-ordinating Principal Investigator	Dr John van Bockxmeer		
Institution	WA Health (WACHS)		
WACHS Region(s)	Pilbara		
Target Population	No primary participant category		
Start Date	10 October 2017	Finish Date	10 October 2020
<p>This project is a retrospective audit of otitis externa presentations to Hedland Health Campus Emergency Department from 1 December 2015 to 1 April 2017. The project aims to identify trends in management including the use of both oral and topical antibiotics and the insertion of ear wicks, as well as look at microbiology patterns and re-presentation rates. It is anticipated the data will improve the local management of otitis externa.</p>			

Project Title	RGS357 – The MADE paediatric safety audit – A prospective injury, burns and toxicological risk proforma implementation in the Hedland Health Campus Emergency Department		
Co-ordinating Principal Investigator	Dr John van Bockxmeer		
Institution	WA Health (WACHS)		
WACHS Region(s)	Pilbara		
Target Population	Children and/or young people		
Start Date	1 December 2017	Finish Date	17 November 2020
<p>The Hedland Health Campus Emergency Department has identified paediatric safeguarding as a key safety and quality issue for its patients. An internal retrospective audit was complete in early 2017 which identified significant areas of concern for patients under the age of sixteen presenting with injuries, burns and toxicology to the Emergency Department. A proforma has been created to meet local needs which aim to correctly identify children who may be at risk from safeguarding issues and direct the team looking after them to the most appropriate follow-up.</p> <p>This project seeks to retrospectively audit the implementation of this proforma during a six-month trial period to ensure that child protection cases are being correctly identified and followed up and as such will help identify any areas for development and identify any changes needed. It is hoped that the evidence ascertained from this project will assist with a future roll-out of this process across all WA Country Health Services sites and also help others working in the field of rural and remote medicine.</p>			

Project Title	RGS398 – Improving recognition and management of chronic moist cough in young Aboriginal children by caregivers and health care workers in the Kimberley		
Co-ordinating Principal Investigator	Dr Andre Schultz		
Institution	WA Health (CAHS - Perth Children’s Hospital)		
WACHS Region(s)	Kimberley		
Target Population	Aboriginal people		

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Start Date	15 November 2017	Finish Date	19 September 2020
<p>Chronic suppurative lung disease (CSLD) is common in Indigenous Australians. Indigenous Australian adults die prematurely usually in the third to fourth decade of life, these deaths are largely preventable if CSLD is recognised early and optimally treated. Despite the considerable disease burden, those with CSLD receive disproportionately fewer resources (clinical and research), when compared with other chronic respiratory diseases. Chronic cough is the dominant and earliest symptom in CSLD. Trained health professionals in the Kimberley and Pilbara regions report that the prevalence of moist cough in young children is approximately 50% at any given time. In children with CSLD, early diagnosis and treatment has the potential to halt the progression of the disease and in some cases, reverse the disease. In Aboriginal children CSLD is often under-diagnosed and misdiagnosed. Researchers suspect this is due to pervasive normalisation of moist cough (both by their families and by primary health care providers), and the remoteness from health services of many Aboriginal communities in WA.</p> <p>This study aims to improve the lung health of Aboriginal children by developing culturally sensitive and sustainable solutions to early detection, accurate diagnosis and timely treatment of CSLD. The research will study ways to promote treatment of cough and CSLD according to national guidelines.</p> <p>It is expected that the benefits from research will include the enhancement or establishment of capabilities, opportunities or research outcomes that advance the interests of Aboriginal people. The benefits include earlier recognition of chronic moist cough in children and earlier intervention to treat chronic moist cough. The result will translate to prevention of structural lung damage that leads to increased morbidity and mortality of Aboriginal children and adults. It is also expected quality of life will be improved through earlier detection and treatment.</p>			

Glossary

Co-ordinating Principal Investigator

The individual who takes overall responsibility for the research project and submits the project for ethical and scientific review for multi-centre projects. They are responsible for ongoing communication with the Human Research Ethics Committee and passing on any outcomes from this to the Principal Investigators. For single-centre research, the CPI and Principal Investigator's roles are synonymous.

Institution

The organisation that the Coordinating Principal Investigator is associated with.

WACHS Regions

- Goldfields
- Great Southern
- Kimberley
- Midwest
- Pilbara
- South West
- Wheatbelt

Target Population:

According to Chapter 4.1 of the National Statement, in addition to the ethical considerations pertaining to all research participants, specific issues arise in the design, conduct and ethical review of research involving the following primary participant categories:

- Women who are pregnant and the human foetus;
- Children and young people (i.e. <18 years);
- People in dependent or unequal relationships;
- People highly dependent on medical care who may be unable to give consent;
- People with a cognitive impairment, an intellectual disability or a mental illness;
- People who may be involved in illegal activities;
- Aboriginal and/or Torres Strait Islander peoples;
- People in other countries;
- People whose primary language is other than English.

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